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| B1 (Official  | Form 1)(1/  | 08)                                  |  |                                   |   | oamon   |  | igo ± o                           |  |                                |  |  |
|---|---|--------------------------------------|--|-----------------------------------|---|---|--|-----------------------------------|--|--------------------------------|--|--|
| United States Bankruptcy C<br>Northern District of Illinois   |   |                                      |  |                                   | ,   |   |  | Vo                                | luntary Petition   |                                |  |  |
|   | Name of Debtor (if individual, enter Last, First, Middle):  Miles, Curtis A |                                      |  |                                   |   |   | Name of Joint Debtor (Spouse) (Last, First, Middle):  Miles, Darla M |                                   |  |                                |  |  |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):  |   |                                      |  |                                   |   |   | used by the a  |                                   |  | 8 years                        |  |  |
| Last four di<br>(if more than   | one, state all)   | Sec. or Indi                         | ividual-Taxp   | ayer I.D. (                       | (ITIN) No./   | Complete E  | (if mo   | four digits one, s                | state all)   | · Individual-                  | Taxpayer l   | I.D. (ITIN) No./Complete EIN   |
| Street Addr   | ess of Debto<br>unrise Dri  | `                                    | Street, City,  | and State)                        | ):<br>  | ZIP Code  | Stree<br>19<br>Re  |                                   | f Joint Debtor<br><b>se Drive</b>  | (No. and St                    | reet, City,  | and State):  ZIP Code  |
| County of F<br>Winneb   |   | of the Prin                          | cipal Place o  | of Busines                        | s:  | 61072   |  | ty of Reside                      | ence or of the   | Principal Pl                   | ace of Bus   | 61072<br>iness:  |
| Mailing Ad  | dress of Deb  | otor (if diffe                       | erent from str   | reet addres                       | ss):  |   | Maili  | ng Address                        | of Joint Debt  | or (if differe                 | nt from str  | reet address):   |
|   |   |                                      |  |                                   | Γ-  | ZIP Code  | :  |                                   |  |                                |  | ZIP Code   |
|   | Principal A from street   |                                      | siness Debto   | r                                 |   |   |  |                                   |  |                                |  | I  |
| See Exh  Corpora Partners Other (I  | (Form of C<br>(Check<br>ual (includes<br>nibit D on pa                      | ge 2 of this es LLC and one of the a | form. LLP) bove entities,                                | Sing in 1 Rail Stoo               | (Check Ith Care Bu gle Asset Re 1 U.S.C. § road ckbroker nmodity Br aring Bank er Tax-Exe | eal Estate as<br>101 (51B)  | s defined  | Chapt                             | the 1 ter 7 ter 9 ter 11 ter 12  | Petition is F                  | hapter 15 hapter 15 a Foreign hapter 15 a Foreign e of Debts | Petition for Recognition Main Proceeding Petition for Recognition Nonmain Proceeding |
|   |   |                                      |  | und                               | otor is a tax-<br>er Title 26   | exempt org<br>of the Unite  | anization<br>d States  | defined                           | d in 11 U.S.C. §   | § 101(8) as<br>idual primarily | for  | business debts.  |
| Full Fili   | ing Fee attac   |                                      | ee (Check o  | ne box)                           |   |   |  | k one box: Debtor is              |  | Chapter 11 ess debtor as       |  | n 11 U.S.C. § 101(51D).  |
| <ul> <li>□ Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.</li> <li>□ Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.</li> </ul> |   |                                      |  | Chec                              | k if: Debtor's to insider k all applica A plan is Acceptan                                | aggregate not<br>s or affiliates)<br>able boxes:<br>being filed w<br>ces of the pla | are less that<br>ith this petiti                                     | iquidated on \$2,190,0            | ed in 11 U.S.C. § 101(51D).  debts (excluding debts owed 00.  ition from one or more S.C. § 1126(b). |                                |  |  |
| ☐ Debtor of Debtor of   | estimates tha   | nt funds will<br>nt, after any       | nation<br>l be available<br>exempt prop<br>for distribut | perty is ex                       | cluded and  | administrat   |  | es paid,                          |  | THIS                           | S SPACE IS   | FOR COURT USE ONLY   |
| Estimated N   | Number of C  50- 99   | reditors  100- 199                   | 200-<br>999  | 1,000-<br>5,000                   | 5,001-<br>10,000  | 10,001-<br>25,000   | 25,001-<br>50,000  | 50,001-<br>100,000                | OVER 100,000   |                                |  |  |
| Estimated A  \$0 to \$50,000  | Assets  \$50,001 to \$100,000   | \$100,001 to<br>\$500,000            | \$500,001<br>to \$1<br>million                           | \$1,000,001<br>to \$10<br>million | \$10,000,001<br>to \$50<br>million  | \$50,000,001<br>to \$100<br>million   | \$100,000,00<br>to \$500<br>million                                  | 1 \$500,000,001<br>to \$1 billion |  |                                |  |  |
| Estimated I  \$0 to \$50,000  | Liabilities   | \$100,001 to<br>\$500,000            | \$500,001<br>to \$1<br>million                           | \$1,000,001<br>to \$10<br>million | \$10,000,001<br>to \$50<br>million  | \$50,000,001<br>to \$100<br>million   | \$100,000,000 to \$500 million                                       | 1 \$500,000,001<br>to \$1 billion |  |                                |  |  |

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B1 (Official Form 1)(1/08) Page 2 Name of Debtor(s): Voluntary Petition Miles, Curtis A (This page must be completed and filed in every case) Miles, Darla M All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Case Number: Location Date Filed: Where Filed: - None -Location Case Number: Date Filed: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: - None -District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) (To be completed if debtor is required to file periodic reports (e.g., I, the attorney for the petitioner named in the foregoing petition, declare that I forms 10K and 10Q) with the Securities and Exchange Commission have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). ☐ Exhibit A is attached and made a part of this petition. f X /s/ <code>DENNIS</code> L. <code>LEAHY</code> March 18, 2009 Signature of Attorney for Debtor(s) (Date) **DENNIS L. LEAHY** Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ■ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

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### **Voluntary Petition**

(This page must be completed and filed in every case)

### Signatures

### Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

### X /s/ Curtis A Miles

Signature of Debtor Curtis A Miles

### X /s/ Darla M Miles

Signature of Joint Debtor Darla M Miles

Telephone Number (If not represented by attorney)

### March 18, 2009

Date

### Signature of Attorney\*

### X /s/ DENNIS L. LEAHY

Signature of Attorney for Debtor(s)

### **DENNIS L. LEAHY**

Printed Name of Attorney for Debtor(s)

### **DENNIS L LEAHY**

Firm Name

**ONE COURT PLACE SUITE 203 ROCKFORD, IL 61101** 

Address

### 815 964-5969 Fax: 815 964-9452

Telephone Number

### March 18, 2009

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

### Signature of a Foreign Representative

Page 3

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

Name of Debtor(s):

Miles, Curtis A Miles, Darla M

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

| 7 | V |
|---|---|
| 7 | ١ |

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

### Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

| <b>T</b> |
|----------|
|          |
|          |

Date

Address

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

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B 1D(Official Form 1, Exhibit D) (12/08)

## **United States Bankruptcy Court Northern District of Illinois**

| In re | Curtis A Miles<br>Darla M Miles |           | Case No.      |   |
|-------|---------------------------------|-----------|---------------|---|
|       |                                 | Debtor(s) | Chapter       | 7 |
|       |                                 |           | - ·· <b>·</b> |   |

## EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.] \_\_\_\_

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

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| B 1D(Official Form 1, Exhibit D) (12/08) - Cont.  |
|---|
| □ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable  |
| statement.] [Must be accompanied by a motion for determination by the court.]   |
| ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental   |
| deficiency so as to be incapable of realizing and making rational decisions with respect to financial   |
| responsibilities.);   |
| ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being   |
| unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or   |
| through the Internet.);   |
| ☐ Active military duty in a military combat zone.   |
| □ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district. |
| I certify under penalty of perjury that the information provided above is true and correct.   |
| Signature of Debtor: /s/ Curtis A Miles   |
| Curtis A Miles  |
| Date: March 18, 2009  |

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B 1D(Official Form 1, Exhibit D) (12/08)

### United States Bankruptcy Court Northern District of Illinois

| In re | Curtis A Miles<br>Darla M Miles |                                       | Case No. |   |
|-------|---------------------------------|---------------------------------------|----------|---|
|       |                                 | Debtor(s)                             | Chapter  | 7 |
|       |                                 | · · · · · · · · · · · · · · · · · · · |          |   |

## EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.] \_\_\_\_

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

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| B 1D(Official Form 1, Exhibit D) (12/08) - Cont.  |
|---|
| ☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]                            |
| ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial   |
| responsibilities.);   |
| ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or |
| through the Internet.);   |
| ☐ Active military duty in a military combat zone.   |
| ☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.                                   |
| I certify under penalty of perjury that the information provided above is true and correct.   |
| Signature of Debtor: /s/ Darla M Miles  Darla M Miles   |
| Date: March 18, 2009  |
|   |

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B6 Summary (Official Form 6 - Summary) (12/07)

## **United States Bankruptcy Court Northern District of Illinois**

| In re | Curtis A Miles,<br>Darla M Miles |         | Case No. |   |
|-------|----------------------------------|---------|----------|---|
|       |                                  | Debtors | Chapter  | 7 |

### **SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE  | ATTACHED<br>(YES/NO) | NO. OF<br>SHEETS | ASSETS            | LIABILITIES | OTHER    |
|---|----------------------|------------------|-------------------|-------------|----------|
| A - Real Property   | Yes                  | 1                | 145,000.00        |             |          |
| B - Personal Property   | Yes                  | 3                | 128,240.00        |             |          |
| C - Property Claimed as Exempt  | Yes                  | 1                |                   |             |          |
| D - Creditors Holding Secured Claims  | Yes                  | 1                |                   | 218,888.00  |          |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes                  | 1                |                   | 0.00        |          |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                           | Yes                  | 9                |                   | 57,569.00   |          |
| G - Executory Contracts and<br>Unexpired Leases                                 | Yes                  | 1                |                   |             |          |
| H - Codebtors   | Yes                  | 1                |                   |             |          |
| I - Current Income of Individual<br>Debtor(s)                                   | Yes                  | 1                |                   |             | 4,563.21 |
| J - Current Expenditures of Individual Debtor(s)                                | Yes                  | 1                |                   |             | 4,465.00 |
| Total Number of Sheets of ALL Schedu  | ıles                 | 20               |                   |             |          |
|   | T                    | otal Assets      | 273,240.00        |             |          |
|   |                      |                  | Total Liabilities | 276,457.00  |          |

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Form 6 - Statistical Summary (12/07)

## **United States Bankruptcy Court Northern District of Illinois**

| In re | Curtis A Miles, |         | Case No |   |  |
|-------|-----------------|---------|---------|---|--|
|       | Darla M Miles   |         |         |   |  |
| _     |                 | Debtors | Chapter | 7 |  |

### STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C.  $\S$  159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability   | Amount |
|---|--------|
| Domestic Support Obligations (from Schedule E)  | 0.00   |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)  | 0.00   |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | 0.00   |
| Student Loan Obligations (from Schedule F)  | 0.00   |
| Domestic Support, Separation Agreement, and Divorce Decree<br>Obligations Not Reported on Schedule E                | 0.00   |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | 0.00   |
| TOTAL   | 0.00   |

### State the following:

| Average Income (from Schedule I, Line 16)  | 4,563.21 |
|--|----------|
| Average Expenses (from Schedule J, Line 18)  | 4,465.00 |
| Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20) | 5,844.52 |

### State the following:

| Total from Schedule D, "UNSECURED PORTION, IF ANY" column                  |      | 42,888.00  |
|--|------|------------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column             | 0.00 |            |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |      | 0.00       |
| 4. Total from Schedule F   |      | 57,569.00  |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |      | 100,457.00 |

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B6A (Official Form 6A) (12/07)

| In re | Curtis A Miles, | Case No. |
|-------|-----------------|----------|
|       | Darla M Miles   |          |

### **Debtors**

### **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| 1996 Sunrise Drive<br>Rockton, IL  | Fee simple                                   | J   | 145,000.00   | 178,677.00                 |
|------------------------------------|--|---|--|----------------------------|
| Description and Location of Proper | y Nature of Debtor's<br>Interest in Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in<br>Property, without<br>Deducting any Secured<br>Claim or Exemption | Amount of<br>Secured Claim |

Sub-Total > 145,000.00 (Total of this page)

145,000.00 Total >

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B6B (Official Form 6B) (12/07)

| In re | Curtis A Miles, | Case No |
|-------|-----------------|---------|
|       | Darla M Miles   |         |

Debtors

### SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

|    | Type of Property  | N O Description and Location of Property E | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property<br>without Deducting any<br>Secured Claim or Exemption |
|----|---|--|---|--|
| 1. | Cash on hand  | Cash on hand                               | J   | 40.00  |
| 2. | Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. | Amcore Bank checking                       | J   | 200.00   |
| 3. | Security deposits with public utilities, telephone companies, landlords, and others.  | X  |   |  |
| 4. | Household goods and furnishings, including audio, video, and computer equipment.  | Household goods and furnishings            | J   | 2,000.00   |
| 5. | Books, pictures and other art<br>objects, antiques, stamp, coin,<br>record, tape, compact disc, and<br>other collections or collectibles.   | X  |   |  |
| 6. | Wearing apparel.  | Wearing apparel                            | J   | 800.00   |
| 7. | Furs and jewelry.   | Jewelry                                    | J   | 800.00   |
| 8. | Firearms and sports, photographic, and other hobby equipment.   | x  |   |  |
| 9. | Interests in insurance policies.<br>Name insurance company of each<br>policy and itemize surrender or<br>refund value of each.  | X  |   |  |
| 10 | Annuities. Itemize and name each issuer.  | x  |   |  |
|    |   |  |   |  |
|    |   |  | Sub-Tota                                    | al > 3,840.00  |

2 continuation sheets attached to the Schedule of Personal Property

(Total of this page)

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 $B6B\ (Official\ Form\ 6B)\ (12/07)$  - Cont.

| In re | Curtis A Miles, | Case No. |
|-------|-----------------|----------|
|       | Darla M Miles   |          |

### Debtors SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

|     |   | (Continuation Sheet)  |   |   |
|-----|---|---|---|---|
|     | Type of Property  | N O Description and Location of Property E                                  | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X   |   |   |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing  | Pension   | Н   | 57,000.00   |
|     | plans. Give particulars.  | 401K  | W   | 13,000.00   |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize.   | X   |   |   |
| 14. | Interests in partnerships or joint ventures. Itemize.   | x   |   |   |
| 15. | Government and corporate bonds and other negotiable and nonnegotiable instruments.  | X   |   |   |
| 16. | Accounts receivable.  | x   |   |   |
| 17. | Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.  | Back child support<br>Troy Zillhart<br>531 Marie Ave.<br>Machesney Park, IL | W   | 23,000.00   |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars.  | x   |   |   |
| 19. | Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.  | x   |   |   |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  | X   |   |   |
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.  | x   |   |   |
|     |   |   | Sub-Total (Total of this page)              | al > 93,000.00  |

Sheet <u>1</u> of <u>2</u> continuation sheets attached to the Schedule of Personal Property

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 $B6B\ (Official\ Form\ 6B)\ (12/07)$  - Cont.

| In re | Curtis A Miles, |
|-------|-----------------|
|       | Darla M Miles   |

### Debtors

### **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

|     | Type of Property  | N<br>O<br>N<br>E | Description and Location of Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|-----|---|------------------|--------------------------------------|---|---|
| 22. | Patents, copyrights, and other intellectual property. Give particulars.   | х                |                                      |   |   |
| 23. | Licenses, franchises, and other general intangibles. Give particulars.  | X                |                                      |   |   |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X                |                                      |   |   |
| 25. | Automobiles, trucks, trailers, and other vehicles and accessories.  | 2005<br>60,00    | Chevy Malibu<br>0 miles              | J   | 6,000.00  |
|     |   | 2008<br>13,00    | Chevy Equinox<br>0 miles             | J   | 25,000.00   |
| 26. | Boats, motors, and accessories.   | X                |                                      |   |   |
| 27. | Aircraft and accessories.   | X                |                                      |   |   |
| 28. | Office equipment, furnishings, and supplies.  | Comp             | outer                                | J   | 400.00  |
| 29. | Machinery, fixtures, equipment, and supplies used in business.  | X                |                                      |   |   |
| 30. | Inventory.  | X                |                                      |   |   |
| 31. | Animals.  | X                |                                      |   |   |
| 32. | Crops - growing or harvested. Give particulars.   | x                |                                      |   |   |
| 33. | Farming equipment and implements.   | x                |                                      |   |   |
| 34. | Farm supplies, chemicals, and feed.   | X                |                                      |   |   |
| 35. | Other personal property of any kind not already listed. Itemize.  | X                |                                      |   |   |

Sub-Total > (Total of this page)

31,400.00

Total >

128,240.00

Sheet **2** of **2** continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

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B6C (Official Form 6C) (12/07)

| In re | Curtis A Miles, | Case No. |
|-------|-----------------|----------|
|       | Darla M Miles   |          |

Debtors

### SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

| Debtor claims the exemptions to which debtor is entitled under: | ☐ Check if debtor claims a homestead exemption that exceeds |
|---|---|
| (Check one box)   | \$136,875.  |
| ☐ 11 U.S.C. §522(b)(2)  |   |
| ■ 11 U.S.C. §522(b)(3)  |   |

| Description of Property   | Specify Law Providing Each Exemption             | Value of<br>Claimed<br>Exemption | Current Value of<br>Property Without<br>Deducting Exemption |
|---|--|----------------------------------|---|
| Real Property 1996 Sunrise Drive Rockton, IL  | 735 ILCS 5/12-901                                | 30,000.00                        | 145,000.00  |
| Cash on Hand<br>Cash on hand  | 735 ILCS 5/12-1001(b)                            | 40.00                            | 40.00   |
| Checking, Savings, or Other Financial Accounts, C<br>Amcore Bank checking   | Certificates of Deposit<br>735 ILCS 5/12-1001(b) | 200.00                           | 200.00  |
| Household Goods and Furnishings Household goods and furnishings   | 735 ILCS 5/12-1001(b)                            | 2,000.00                         | 2,000.00  |
| Wearing Apparel Wearing apparel   | 735 ILCS 5/12-1001(a)                            | 800.00                           | 800.00  |
| <u>Furs and Jewelry</u><br>Jewelry  | 735 ILCS 5/12-1001(b)                            | 800.00                           | 800.00  |
| Interests in IRA, ERISA, Keogh, or Other Pension of Pension   | or Profit Sharing Plans<br>735 ILCS 5/12-704     | 57,000.00                        | 57,000.00   |
| 401K  | 735 ILCS 5/12-704                                | 13,000.00                        | 13,000.00   |
| Alimony, Maintenance, Support, and Property Sett<br>Back child support<br>Troy Zillhart<br>531 Marie Ave.<br>Machesney Park, IL | <u>lements</u><br>735 ILCS 5/12-1001(g)(4)       | 23,000.00                        | 23,000.00   |
| Automobiles, Trucks, Trailers, and Other Vehicles<br>2005 Chevy Malibu<br>60,000 miles  | 735 ILCS 5/12-1001(c)                            | 2,400.00                         | 6,000.00  |
| 2008 Chevy Equinox<br>13,000 miles  | 735 ILCS 5/12-1001(c)                            | 2,400.00                         | 25,000.00   |
| Office Equipment, Furnishings and Supplies Computer   | 735 ILCS 5/12-1001(b)                            | 400.00                           | 400.00  |

| Total: | 132.040.00  | 273.240.00  |
|--------|-------------|-------------|
| TOTAL: | 1.57.040.00 | //.S./4U.UU |

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B6D (Official Form 6D) (12/07)

| In re | Curtis A Miles, |
|-------|-----------------|
|       | Darla M Miles   |

**Debtors** 

### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Hu<br>H<br>H | sband, Wife, Joint, or Community  DATE CLAIM WAS II  NATURE OF LIEI  DESCRIPTION ANI  OF PROPER'  SUBJECT TO I | N, AND<br>O VALUE<br>ΓΥ | 0 N T   N G    | U D I S P U T E D A | AMOUNT OF<br>CLAIM<br>WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF<br>ANY |
|--|-----------------|--------------|--|-------------------------|----------------|---------------------|--|---------------------------------|
| Account No. 625XXXX  Amcore Bank 501 7th Street Rockford, IL 61104                                   |                 | J            | Automobile Loan<br>2005 Chevy Malibu<br>60,000 miles   |                         | T   1          | D D                 |  |                                 |
|  |                 |              | Value \$   | 6,000.00                |                |                     | 12,338.00  | 6,338.00                        |
| Account No. 1102XXXX  Amcore Bank 501 7th Street Rockford, IL 61104                                  |                 | J            | Automobile Loan<br>2008 Chevy Equinox<br>13,000 miles  |                         |                |                     |  |                                 |
|  |                 |              | Value \$   | 25,000.00               |                |                     | 27,873.00  | 2,873.00                        |
| Account No. 844601XXXX  Homecomings Financial PO Box 890036 Dallas, TX 75389                         |                 | J            | Second Mortgage<br>1996 Sunrise Drive<br>Rockton, IL   |                         |                |                     |  |                                 |
| 40005000   | ╀               |              |  | 145,000.00              | 4              | _                   | 65,977.00  | 33,677.00                       |
| Account No. 40625923  Litton Loan PO Box 4387 Houston, TX 77210                                      |                 | J            | First Mortgage<br>1996 Sunrise Drive<br>Rockton, IL  |                         |                |                     |  |                                 |
|  |                 |              | Value \$   | 145,000.00              |                |                     | 112,700.00   | 0.00                            |
| continuation sheets attached   |                 |              |  | S<br>(Total of th       | ubto<br>iis pa |                     | 218,888.00   | 42,888.00                       |
|  |                 |              | (Report o  | on Summary of Sci       | To<br>hedu     |                     | 218,888.00   | 42,888.00                       |

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B6E (Official Form 6E) (12/07)

| •     |                 |         |  |
|-------|-----------------|---------|--|
| In re | Curtis A Miles, | Case No |  |
|       | Darla M Miles   |         |  |
| _     |                 | Debtors |  |

### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

| Report the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report the total also on the Statistical Summary of Certain Liabilities and Related Data. |      |
|--|------|
| ■ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.  |      |
| TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)  |      |
| ☐ Domestic support obligations   |      |
| Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible rela of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).  | ıtiv |
| ☐ Extensions of credit in an involuntary case  |      |
| Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of trustee or the order for relief. 11 U.S.C. § 507(a)(3).  | of a |
| ☐ Wages, salaries, and commissions   |      |
| Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sa representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).                                    | lles |
| ☐ Contributions to employee benefit plans  |      |
| Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of busing whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).  | ness |
| ☐ Certain farmers and fishermen  |      |
| Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).   |      |
| ☐ Deposits by individuals  |      |
| Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).   |      |
| ☐ Taxes and certain other debts owed to governmental units   |      |
| Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).  |      |
| ☐ Commitments to maintain the capital of an insured depository institution   |      |
| Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Fede Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).  | ral  |
| ☐ Claims for death or personal injury while debtor was intoxicated   |      |
| Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).   |      |
|  |      |

<sup>\*</sup> Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B6F (Official Form 6F) (12/07)

| In re | Curtis A Miles,<br>Darla M Miles |         | Case No. |  |
|-------|----------------------------------|---------|----------|--|
| _     |                                  | Debtors |          |  |

### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME,   | C        | Н           | sband, Wife, Joint, or Community |               | CO            | U<br>N      | D<br>I   |                 |
|--|----------|-------------|----------------------------------|---------------|---------------|-------------|----------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)             | CODEBTOR | J<br>M<br>H |                                  | 1             | Z   _ Z G   Z | LIQUIDAT    | DISPUTED | AMOUNT OF CLAIM |
| Account No. 12983574   |          |             | Collection account               |               | T             | T<br>E<br>D |          |                 |
| Accounts Receivable Management<br>PO Box 129<br>Thorofare, NJ 08086-0129                     |          | J           |                                  |               |               | ט           |          |                 |
| Account No. <b>7714100393924139</b>  |          | ŀ           | Collection account               |               |               |             |          | 0.00            |
| Alliance One<br>4850 Street Rd Suite 300<br>Feasterville Trevose, PA 19053                   |          | J           |                                  |               |               |             |          |                 |
| A 0022000000VVV  |          |             | Laan                             |               |               |             |          | 0.00            |
| Account No. 903200262XXX  Alpine Bank 1700 N. Alpine Rd. Rockford, IL 61107                  |          | J           | Loan                             |               |               |             |          |                 |
|  |          |             |                                  |               |               |             |          | 9,620.00        |
| Account No. 3717-517080-41008  American Express PO Box 297879 Fort Lauderdale, FL 33329-7879 |          | J           | Credit card purchases            |               |               |             |          | 5,250.00        |
| _8 continuation sheets attached  |          | _           | (Totz                            | Su<br>l of th |               | ota<br>oag  |          | 14,870.00       |

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| In re | Curtis A Miles, | Case No. |  |
|-------|-----------------|----------|--|
|       | Darla M Miles   |          |  |

|   |          |              |   |       | _      |          |                 |
|---|----------|--------------|---|-------|--------|----------|-----------------|
| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,                            | CODEBTOR | Hu<br>H<br>W | sband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND     | CONTI | CD-LZC | DISPUTED |                 |
| AND ACCOUNT NUMBER (See instructions above.)  | TOR      | C            | CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | NGENT | 1      | I F      | AMOUNT OF CLAIM |
| Account No. 18216442  |          |              | Collection account  | Т     | DATED  |          |                 |
| American Profit Recovery<br>34405 W 12 Mile Rd Suite 379<br>Farmington, MI 48331-5608 |          | J            |   |       |        |          |                 |
| Account No. 1882869   |          |              | Collection account  |       |        |          | 0.00            |
| Associated Collectors, Inc. PO Box 1039 Janesville, WI 53547-1039                     |          | J            |   |       |        |          |                 |
|   |          |              |   |       |        |          | 0.00            |
| Account No. 6004300190275401  |          |              | Collection account  |       |        |          |                 |
| Bass & Associates<br>3936 E Fort Lowell Rd. Suite 200<br>Tucson, AZ 85712-1083        |          | J            |   |       |        |          |                 |
|   |          |              |   |       |        |          | 0.00            |
| Account No. 75946   |          |              | Medical services  |       |        |          |                 |
| Beloit Clinic   |          |              |   |       |        |          |                 |
| 1905 Huebbe Pkwy<br>Beloit, WI 53511  |          | J            |   |       |        |          |                 |
|   |          |              |   |       |        |          | 99.00           |
| Account No. N00002343   |          |              | Medical services  |       |        |          |                 |
| Beloit Memorial Hospital  |          |              |   |       |        |          |                 |
| 1969 W. Hart Rd.<br>Beloit, WI 53511  |          | J            |   |       |        |          |                 |
|   |          |              |   |       |        |          | 69.00           |
| Sheet no1 _ of _8 _ sheets attached to Schedule of                                    |          | _            |   | Subt  | ota    | ıl       | 168.00          |
| Creditors Holding Unsecured Nonpriority Claims  |          |              | (Total of t   | his   | pag    | ge)      | 100.00          |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Curtis A Miles, | Case No. |  |
|-------|-----------------|----------|--|
|       | Darla M Miles   |          |  |

| CDEDITORIO NA ME   | С        | Hu          | sband, Wife, Joint, or Community  | С           | U             | D      |                 |
|--|----------|-------------|---|-------------|---------------|--------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)            | ODEBTOR  | C<br>H<br>H | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | COXHLXGUX   | -10           | SPUTED | AMOUNT OF CLAIM |
| Account No. 541557-10483757  |          |             | Collection account for OSF Medical Group  | ٦٠          | T<br>E<br>D   | 1      |                 |
| C.B. Accounts<br>PO BOx 5435<br>Carol Stream, IL 60197-5435  |          | J           |   |             |               |        | 0.00            |
| Account No. <b>5178-0524-3567-3740</b>   |          |             | Credit card purchases   | +           | T             |        |                 |
| Capital One<br>PO Box 5294<br>Carol Stream, IL 60197-5294  |          | J           |   |             |               |        | 3,116.00        |
| Account No. <b>5178-0526-0249-1363</b>   | -        |             | Credit card purchases   | +           | $\perp$       | _      | 3,116.00        |
| Capital One<br>PO Box 5294<br>Carol Stream, IL 60197-5294  | -        | J           | orealt dara parenases   |             |               |        | 51.00           |
| Account No. <b>4266-9020-2323-0749</b>   |          |             | Credit card purchases   | +           | $\frac{1}{1}$ |        |                 |
| Cardmember Services<br>PO Box 15153<br>Wilmington, DE 19886-5153   |          | J           |   |             |               |        | 6,068.00        |
| Account No. <b>794501290180XXXX</b>  | $\vdash$ |             | Credit card purchases   | +           | +             | +      | 3,000.00        |
| Citi Bank/DFS<br>12234 N IH 35 SB Bldg B<br>Austin, TX 78753   | •        | J           |   |             |               |        | 1,662.00        |
| Charter O of O share weekeld Cl. 11 C  |          |             |   |             | <u>L</u>      |        | 1,002.00        |
| Sheet no. <b>2</b> of <b>8</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |          |             | (Total of   | Sub<br>this |               |        | 10,897.00       |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Curtis A Miles, | Case N | lo |
|-------|-----------------|--------|----|
|       | Darla M Miles   | _      |    |

| 1   | С   | ш       | shand Wife laint or Community   | 16            | - 100       | T-     |   |                 |
|---|-----|---------|---|---------------|-------------|--------|---|-----------------|
| (See instructions above.)   | 0 0 | H & J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. |               | UNLIGUIDATE | SPUTED | 5 | AMOUNT OF CLAIM |
| Account No. 13126629  |     |         | Collection account  |               | Ė           |        |   |                 |
| Creditors Interchange<br>PO Box 1335<br>Buffalo, NY 14240-1335                |     | J       |   |               |             |        |   | 0.00            |
| Account No. <b>00292928</b>   |     |         | Collection account  |               |             |        | 1 |                 |
| Creditors Protection<br>PO Box 4115<br>Rockford, IL 61110-0615                |     | J       |   |               |             |        |   | 0.00            |
| Account No. <b>6879450129061804426</b>  |     |         | Merchandise   | +             | +           | +      | + |                 |
| Dell Financial<br>PO Box 6403<br>Carol Stream, IL 60197-6403                  |     | J       |   |               |             |        |   |                 |
| Account No. <b>6011-0077-1937-5361</b>  |     |         | Credit card purchases   |               | _           | _      | 1 | 2,126.00        |
| Discover PO Box 30395 Salt Lake City, UT 84130-0395                           |     | J       | Credit card purchases   |               |             |        |   | 4,578.00        |
| Account No. DM99  |     |         | Medical services  | $\frac{1}{1}$ | +           | +      | + | ,, ,,,          |
| Ear, Nose, & Throat<br>435 N. Mulford Rd. Suite 10<br>Rockford, IL 61107-5100 |     | J       |   |               |             |        |   | 20.00           |
| Sheet no. <b>3</b> of <b>8</b> sheets attached to Schedule of                 |     |         | <u> </u>  | Sub           | tot         | <br>al | + |                 |
| Creditors Holding Unsecured Nonpriority Claims                                |     |         | (Total of   |               |             |        |   | 6,724.00        |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Curtis A Miles, | Case No. |
|-------|-----------------|----------|
|       | Darla M Miles   |          |

| ODEDITORIO NAME   | С        | Hu          | sband, Wife, Joint, or Community  | C        | U    | D                          |                 |
|---|----------|-------------|---|----------|------|----------------------------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | C<br>M<br>H | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | ONTINGEN | N    | I<br>S<br>P<br>U<br>T<br>F | AMOUNT OF CLAIM |
| Account No. 1916175   |          |             | Collection account  | Т        | ΙE   |                            |                 |
| Encore Receivable Management<br>PO Box 3330<br>Olathe, KS 66063                                   |          | J           |   |          | D    |                            | 0.00            |
| Account No. <b>3717-517080-41008</b>  | ┢        |             | Collection account for American Express   | +        |      |                            |                 |
| GC Services<br>PO Box 46960<br>Saint Louis, MO 63146  |          | J           |   |          |      |                            | 0.00            |
| Account No. 43901433-35   | 1        |             | Collection account  | $\top$   |      |                            |                 |
| I.C. System, Inc.<br>PO Box 64887<br>Saint Paul, MN 55164-0887                                    |          | J           |   |          |      |                            | 0.00            |
| Account No. <b>6044161000122049</b>   |          |             | Merchandise   | +        | H    |                            |                 |
| Ikea<br>PO Box 530942<br>Atlanta, GA 30353-0942   |          | J           |   |          |      |                            | 453.00          |
| Account No. <b>34915422901</b>  | t        |             | Merchandise   | +        | +    |                            |                 |
| JC Penney<br>PO Box 960090<br>Orlando, FL 32896-0090  |          | J           |   |          |      |                            | 460.00          |
| Sheet no. 4 of 8 sheets attached to Schedule of   |          | _           | <u> </u>  | Sub      | tota | 1 <u> </u>                 |                 |
| Creditors Holding Unsecured Nonpriority Claims  |          |             | (Total of   |          |      |                            | 913.00          |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Curtis A Miles, | Case No. |
|-------|-----------------|----------|
|       | Darla M Miles   |          |

| CREDITOR'S NAME,   | ç             | Hu          | sband, Wife, Joint, or Community  | Č          | U        | D   |   |                 |
|--|---------------|-------------|---|------------|----------|-----|---|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)             | O D E B T O R | H<br>W<br>J | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | Ü        |     |   | AMOUNT OF CLAIM |
| Account No. <b>05901</b>   |               |             | Dental services   | T          | E<br>D   |     |   |                 |
| Kenneth M. Lutsch, D.D.S.<br>619 Harlem Rd<br>Machesney Park, IL 61115                       |               | J           |   |            | D        |     | _ | 333.00          |
| Account No. 0204333587   |               |             | Merchandise   | Т          |          |     | T |                 |
| Kohls<br>PO Box 2983<br>Milwaukee, WI 53201-2983   |               | J           |   |            |          |     |   | 2 092 00        |
|  |               |             |   | ╙          | L        |     | 上 | 2,083.00        |
| Account No. 104904  Leigh Ann Tackaberry M.A. 435 N. Mulford Rd Suite 10  Rockford, IL 61107 |               | J           | Services  |            |          |     |   | 125.00          |
| Account No. 6004300190275401   |               |             | Merchandise   |            |          |     |   |                 |
| Menards<br>PO Box 17602<br>Baltimore, MD 21297-1602  |               | J           |   |            |          |     |   | 2,632.00        |
| Account No.  | t             | $\vdash$    | Services  | T          | $\vdash$ | l   | T |                 |
| Meyer & Horning<br>3400 N. Rockton Ave<br>Rockford, IL 61103                                 |               | J           |   |            |          |     |   | 2,308.00        |
| Sheet no. <b>5</b> of <b>8</b> sheets attached to Schedule of                                |               |             |   | Subt       | tota     | 1   | T | 7.404.00        |
| Creditors Holding Unsecured Nonpriority Claims   |               |             | (Total of t   | his        | nag      | re) | 1 | 7,481.00        |

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| In re | Curtis A Miles, | Case No. |
|-------|-----------------|----------|
|       | Darla M Miles   |          |

|  |          |          |   |            | _            |          |                 |
|--|----------|----------|---|------------|--------------|----------|-----------------|
| CREDITOR'S NAME,   | ç        | Hu       | sband, Wife, Joint, or Community  | ļç         | U            | P        |                 |
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | U C      | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
| Account No. FP1613   |          |          | Collection account  | T          | E            |          |                 |
| NCO Financial<br>PO Box 15773<br>Wilmington, DE 19850                            |          | J        |   |            | D            |          | 0.00            |
| Account No. <b>541557</b>  |          |          | Medical services  |            |              |          |                 |
| OSF Medical Group<br>PO Box 802688<br>Chicago, IL 60680-2688                     |          | J        |   |            |              |          | 87.00           |
|  |          |          |   | $\vdash$   |              |          | 07.00           |
| Account No.  RMH Pathologists Ltd 6785 Weaver Rd. #D Rockford, IL 61114          |          | J        | Medical services  |            |              |          | 350.00          |
| Account No.  |          |          | Medical services  |            |              |          |                 |
| Rockford Clinic<br>Dept CH 10862<br>Palatine, IL 60055-0862                      |          | J        |   |            |              |          | 500.00          |
| Account No. <b>2011892359</b>  | -        | $\vdash$ | Medical services  | +          | $\vdash$     | $\vdash$ |                 |
| Rockford Health System PO Box 14125 Rockford, IL 61105-4125                      |          | J        |   |            |              |          | 1,980.00        |
| Sheet no. 6 of 8 sheets attached to Schedule of                                  |          | •        |   | Sub        | tota         | .1       | 0.047.00        |
| Creditors Holding Unsecured Nonpriority Claims                                   |          |          | (Total of t   | his        | pag          | e)       | 2,917.00        |

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| In re | Curtis A Miles, | Case No. |
|-------|-----------------|----------|
|       | Darla M Miles   |          |

| National College   Product   Produ   |  |          |          |   |            |        | _  |                 |
|--|--|----------|----------|---|------------|--------|----|-----------------|
| AND ACCOUNT NUMBER (See instructions above.)  Account No. Z79229  Rockford Mercantile PO Box 5847 Rockford, IL 61125-0847  Rockford Radiology PO Box 5868 Rockford, IL 61125-0368  Rockford, IL 61125-0368  Rockford, IL 61125-0368  Sams Club PO Box 530942 Atlanta, GA 30353-0942  Account No. 18216442  Scotts Lawn Service PO Box 742585 Cincinnati, OH 45274-2585  Services  Subscription  Sheet no. T_ of _8_ sheets attached to Schedule of  Substoal  CONSIDERATION FOR CLAIM. IS CLAIM IS SUBJECT TO SETOFF, SO STATE.  Subscription  AMOUNT OF CLAIM  SNBJECT TO SETOFF, SO STATE.  Rockford Radiology  0.00  Account No. RRA213155  Medical services  Merchandise  100.00  Account No. 7714100393924139  Services  Services  Services  Subscription  Subscription  Subscription   | CREDITOR'S NAME,                               | C        | Hu       | sband, Wife, Joint, or Community          | CC         | U<br>N | P  |                 |
| AND ACCOUNT NUMBER (See instructions above.)  Account No. Z79229  Rockford Mercantile PO Box 5847 Rockford, IL 61125-0847  Rockford Radiology PO Box 5868 Rockford, IL 61125-0368  Rockford, IL 61125-0368  Rockford, IL 61125-0368  Sams Club PO Box 530942 Atlanta, GA 30353-0942  Account No. 18216442  Scotts Lawn Service PO Box 742585 Cincinnati, OH 45274-2585  Services  Subscription  Sheet no. T_ of _8_ sheets attached to Schedule of  Substoal  CONSIDERATION FOR CLAIM. IS CLAIM IS SUBJECT TO SETOFF, SO STATE.  Subscription  AMOUNT OF CLAIM  SNBJECT TO SETOFF, SO STATE.  Rockford Radiology  0.00  Account No. RRA213155  Medical services  Merchandise  100.00  Account No. 7714100393924139  Services  Services  Services  Subscription  Subscription  Subscription   | MAILING ADDRESS                                | Ď        | Н        | DATE CLABAWAG INCUIDED AND                | Ň          | Ë      | S  |                 |
| Account No. 279229   Collection account for Rockford Radiology   N   0   0   |  | B        |          |   | 11         | Q      | Ü  |                 |
| Account No. 279229   Collection account for Rockford Radiology   Y   E   E   E   |  | T        |          |   | N          | U      | T  | AMOUNT OF CLAIM |
| Collection No. 27323   Subscription   Subtotal   Subt   | (See instructions above.)                      | Ř        | C        | is septiled to select, so since.          | E          | D      | Ď  |                 |
| Cockford Mercantile  | Account No. <b>Z79229</b>                      | T        | H        | Collection account for Rockford Radiology | \rac{1}{T} | T      |    |                 |
| PO Box 5847 Rockford, IL 61125-0847    J   |  | 1        |          | -   |            | םנ     |    |                 |
| PO Box 5847 Rockford, IL 61125-0847    J   | Rockford Mercantile                            |          |          |   |            |        |    |                 |
| Rockford, IL 61125-0847  Account No. RRA213155  Rockford Radiology PO Box 5368 Rockford, IL 61125-0368  J Merchandise  100.00  Account No. 7714100393924139  Sams Club PO Box 530942 Atlanta, GA 30353-0942  J Services  Services  Services  Services  Subscription  The Hearst Corporation PO Box 7186 Red Oak, IA 51591  Subscription  Subscription  Subscription  Subscription  Subscription  Subscription  Subscription  |  |          | J        |   |            |        |    |                 |
| Account No. RRA213155  Rockford Radiology PO Box 5368 Rockford, IL 61125-0368  Merchandise  J Merchandise  100.00  Account No. 7714100393924139  Sams Club PO Box 530942 Atlanta, GA 30353-0942  Atlanta, GA 30353-0942  Scotts Lawn Service PO Box 742585 Cincinnati, OH 45274-2585  The Hearst Corporation PO Box 7186 Red Oak, IA 51591  Subscription  Subscription  Subscription  24.00  Sheet no7 of _8 sheets attached to Schedule of  |  |          |          |   |            |        |    |                 |
| Account No. RRA213155  Rockford Radiology PO Box 5368 Rockford, IL 61125-0368    J   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1          |          |          |   |            |        |    |                 |
| Account No. RRA213155  Rockford Radiology PO Box 5368 Rockford, IL 61125-0368    J   |  |          |          |   |            |        |    | 0.00            |
| J  |  |          |          |   |            |        |    | 0.00            |
| Do Box 5368   Do Box 5368   Do Box 5368   Do Box 5368   Do Box 530942   Do Box 530942   Do Box 530942   Do Box 530942   Do Box 540942   Do Box 742585   Do B   | Account No. RRA213155                          |          |          | Medical services                          |            |        |    |                 |
| Do Box 5368   Do Box 5368   Do Box 5368   Do Box 5368   Do Box 530942   Do Box 530942   Do Box 530942   Do Box 530942   Do Box 540942   Do Box 742585   Do B   |  |          |          |   |            |        |    |                 |
| Rockford, IL 61125-0368  |  |          | ١.       |   |            |        |    |                 |
| Account No. 7714100393924139   Merchandise   James Club   PO Box 530942   Atlanta, GA 30353-0942   Services   Services   James Club     |  |          | J        |   |            |        |    |                 |
| Account No. 7714100393924139  Sams Club PO Box 530942 Atlanta, GA 30353-0942  Account No. 18216442  Scotts Lawn Service PO Box 742585 Cincinnati, OH 45274-2585  The Hearst Corporation PO Box 7186 Red Oak, IA 51591  Subscription  Subtotal  Subtotal  2,497.00  2,497.00  2,497.00  2,497.00  2,497.00  2,497.00  2,497.00  2,497.00  2,497.00  2,497.00  3,497.00  2,497.00  2,497.00  3,497.00  2,497.00  3,497.00  3,497.00  3,497.00  3,497.00  3,497.00  4,497.00  4,497.00  4,497.00  4,497.00  5,497.0 | Rockford, IL 61125-0368                        |          |          |   |            |        |    |                 |
| Account No. 7714100393924139  Sams Club PO Box 530942 Atlanta, GA 30353-0942  Account No. 18216442  Scotts Lawn Service PO Box 742585 Cincinnati, OH 45274-2585  The Hearst Corporation PO Box 7186 Red Oak, IA 51591  Subscription  Subtotal  Subtotal  2,497.00  2,497.00  2,497.00  2,497.00  2,497.00  2,497.00  2,497.00  2,497.00  2,497.00  2,497.00  3,497.00  2,497.00  2,497.00  3,497.00  2,497.00  3,497.00  3,497.00  3,497.00  3,497.00  3,497.00  4,497.00  4,497.00  4,497.00  4,497.00  5,497.0 |  |          |          |   |            |        |    |                 |
| Sams Club PO Box 530942 Atlanta, GA 30353-0942  Account No. 18216442 Scotts Lawn Service PO Box 742585 Cincinnati, OH 45274-2585  Account No. 0170244586 The Hearst Corporation PO Box 7186 Red Oak, IA 51591  Subscription  Subtotal  2,497.00  2,497.00  2,497.00  2,497.00  2,497.00  2,497.00  2,497.00  2,497.00  |  |          |          |   |            |        |    | 100.00          |
| Sams Club PO Box 530942 Atlanta, GA 30353-0942  Account No. 18216442 Scotts Lawn Service PO Box 742585 Cincinnati, OH 45274-2585  Account No. 0170244586 The Hearst Corporation PO Box 7186 Red Oak, IA 51591  Subscription  Subtotal  2,497.00  2,497.00  2,497.00  2,497.00  2,497.00  2,497.00  2,497.00  2,497.00  | Account No. 7714100393924139                   | H        | H        | Merchandise                               |            |        |    |                 |
| PO Box 530942 Atlanta, GA 30353-0942  Account No. 18216442  Scotts Lawn Service PO Box 742585 Cincinnati, OH 45274-2585  Account No. 0170244586  The Hearst Corporation PO Box 7186 Red Oak, IA 51591  Sheet no. 7 of 8 sheets attached to Schedule of Subtotal 2680.00  | 110000001100                                   | ł        |          |   |            |        |    |                 |
| PO Box 530942 Atlanta, GA 30353-0942  Account No. 18216442  Scotts Lawn Service PO Box 742585 Cincinnati, OH 45274-2585  Account No. 0170244586  The Hearst Corporation PO Box 7186 Red Oak, IA 51591  Sheet no. 7 of 8 sheets attached to Schedule of Subtotal 2680.00  | Same Club                                      |          |          |   |            |        |    |                 |
| Atlanta, GA 30353-0942  Account No. 18216442  Scotts Lawn Service PO Box 742585 Cincinnati, OH 45274-2585  Account No. 0170244586  The Hearst Corporation PO Box 7186 Red Oak, IA 51591  Sheet no. 7 of 8 sheets attached to Schedule of Subtotal 2680.00  |  |          | l.i      |   |            |        |    |                 |
| Account No. 18216442  Scotts Lawn Service PO Box 742585 Cincinnati, OH 45274-2585  Account No. 0170244586 The Hearst Corporation PO Box 7186 Red Oak, IA 51591  Sheet no. 7_ of 8_ sheets attached to Schedule of  Subtotal  2,497.00  2,497.00  24.00   |  |          | ٦        |   |            |        |    |                 |
| Account No. 18216442  Scotts Lawn Service PO Box 742585 Cincinnati, OH 45274-2585  Account No. 0170244586  The Hearst Corporation PO Box 7186 Red Oak, IA 51591  Sheet no7 of _8 sheets attached to Schedule of  Subtotal  | Atlanta, GA 30353-0942                         |          |          |   |            |        |    |                 |
| Account No. 18216442  Scotts Lawn Service PO Box 742585 Cincinnati, OH 45274-2585  Account No. 0170244586  The Hearst Corporation PO Box 7186 Red Oak, IA 51591  Sheet no7 of _8 sheets attached to Schedule of  Subtotal  |  |          |          |   |            |        |    |                 |
| Scotts Lawn Service   J  |  |          |          |   |            |        |    | 2,497.00        |
| PO Box 742585 Cincinnati, OH 45274-2585  Account No. 0170244586 The Hearst Corporation PO Box 7186 Red Oak, IA 51591  Sheet no7 of _8 sheets attached to Schedule of  Subtotal   | Account No. 18216442                           |          |          | Services                                  |            |        |    |                 |
| PO Box 742585 Cincinnati, OH 45274-2585  Account No. 0170244586 The Hearst Corporation PO Box 7186 Red Oak, IA 51591  Sheet no7 of _8 sheets attached to Schedule of  Subtotal   |  | 1        |          |   |            |        |    |                 |
| Cincinnati, OH 45274-2585   59.00     Account No. 0170244586   Subscription     The Hearst Corporation   PO Box 7186   Red Oak, IA 51591   24.00     Sheet no7 of _8 sheets attached to Schedule of   Subtotal   2680.00   | Scotts Lawn Service                            |          |          |   |            |        |    |                 |
| Subscription   Subscription   J   Subscription   Subscription   J   Subscription   | PO Box 742585                                  |          | J        |   |            |        |    |                 |
| Account No. 0170244586  The Hearst Corporation PO Box 7186 Red Oak, IA 51591  Sheet no7 of _8 sheets attached to Schedule of  Subtotal   | Cincinnati, OH 45274-2585                      |          |          |   |            |        |    |                 |
| Account No. 0170244586  The Hearst Corporation PO Box 7186 Red Oak, IA 51591  Sheet no7 of _8 sheets attached to Schedule of  Subtotal   |  |          |          |   |            |        |    |                 |
| The Hearst Corporation PO Box 7186 Red Oak, IA 51591  24.00  Sheet no7 of _8 sheets attached to Schedule of  Subtotal  |  |          |          |   |            |        |    | 59.00           |
| The Hearst Corporation PO Box 7186 Red Oak, IA 51591  24.00  Sheet no7 of _8 sheets attached to Schedule of  Subtotal  | A account No. 0470244596                       | $\vdash$ | $\vdash$ | Subscription                              | $\vdash$   |        |    |                 |
| PO Box 7186 Red Oak, IA 51591  24.00  Sheet no7 of _8 sheets attached to Schedule of  Subtotal   | Account No. 01/0244500                         | -        |          | - Subscription                            |            |        |    |                 |
| PO Box 7186 Red Oak, IA 51591  24.00  Sheet no7 of _8 sheets attached to Schedule of  Subtotal   | The Hearst Corneration                         | 1        | 1        |   |            |        |    |                 |
| Red Oak, IA 51591       24.00         Sheet no. 7_ of 8_ sheets attached to Schedule of       Subtotal   |  | 1        | ١.       |   |            |        |    |                 |
| Sheet no of sheets attached to Schedule of Subtotal  |  |          |          |   |            |        |    |                 |
| Sheet no. 7 of 8 sheets attached to Schedule of Subtotal   | Ked Oak, IA 51591                              | 1        | 1        |   |            |        |    |                 |
| Sheet no. 7 of 8 sheets attached to Schedule of Subtotal   |  | 1        | 1        |   |            |        |    |                 |
| 2 680 00   |  |          |          |   |            |        |    | 24.00           |
| 2 680 00   | Sheet no7 of _8 sheets attached to Schedule of |          | •        |   | Subt       | ota    | 1  |                 |
|  |  |          |          | (Total of t                               | his 1      | oag    | e) | 2,680.00        |

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$  - Cont.

| In re | Curtis A Miles, | Case No. |  |
|-------|-----------------|----------|--|
|       | Darla M Miles   |          |  |

| CREDITOR'S NAME   Malling AnDRESS   INCLUDING ZIP CODE   ADDATE CLAIM WAS INCURRED AND COOMING ZIP CODE   ADDATE CLAIM WAS INCURRED AND COOMING ZIP CODE   ADDATE CLAIM IF CLAIM   TO CONSIDERATION FOR CLAIM. IF CLAIM   TO CONSIDERATION FOR CLAIM. IF CLAIM   TO STORE CLAIM   TO CLAIM   TO CLAIM   TO CLAIM   TO CLAIM   TO CONSIDERATION FOR CLAIM. IF CLAIM   TO CONSIDERATION FOR CLAIM   TO CONSIDERATION FOR CLAIM   TO CONSIDERATION FOR CLAIM   TO CONSIDERATION FOR CLAIM FOR CLAIM FOR   |  | Ic | 111      | sband, Wife, Joint, or Community  | T_       | 1      | Г        | т         |                 |
|--|--|----|----------|-----------------------------------|----------|--------|----------|-----------|-----------------|
| See instructions above_)   8   C   Instructions, above_)   8   C   Instructions above_)   8   C   Instructions above_)   8   C   Instructions above_D   Credit Card Purchases   T   T   T   T   T   T   T   T   T  | CREDITOR'S NAME,                               | ŏ  | 1        | Spand, Wile, Joint, of Community  | ۱ŏ       | N      | Ιĭ       |           |                 |
| See instructions above_)   8   C   Instructions, above_)   8   C   Instructions above_)   8   C   Instructions above_)   8   C   Instructions above_D   Credit Card Purchases   T   T   T   T   T   T   T   T   T  | MAILING ADDRESS                                | D  |          | DATE CLAIM WAS INCURRED AND       | I N      | ŀ      | S<br>  P | 3         |                 |
| See instructions above_)   8   C   Instructions, above_)   8   C   Instructions above_)   8   C   Instructions above_)   8   C   Instructions above_D   Credit Card Purchases   T   T   T   T   T   T   T   T   T  | INCLUDING ZIP CODE,                            | В  |          | CONSIDERATION FOR CLAIM. IF CLAIM | ш        | Q      | Ų        | !         | AMOUNT OF CLAIM |
| Account No. 5480-4200-2212-8712  | (See instructions above )                      | Ö  |          | IS SUBJECT TO SETOFF, SO STATE.   | Ğ        | 11     | 1 =      | :         | AMOUNT OF CLAIM |
| Union Plus Credit Card PO Box 17051 Baltimore, MD 21297-1051    Merchandise  | ·  | R  |          |                                   | _ E<br>N | D<br>A | D        | ľ         |                 |
| Union Plus Credit Card PO Box 17051  Baltimore, MD 21297-1051  Account No. 5720001386  Wells Fargo 800 Walnut St Des Moines, IA 50309  Merchandise  WFNNB- American PO Box 659705 San Antonio, TX 78265-9705  Account No. 3197784  Zwicker & Associates 80 Minuteman Rd Andover, MA 01810  Sheet no. 8 of 8 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims  Total  Total  Total  6,923.00  6,923.00  6,923.00  6,923.00  1,787.00  6,923.00  1,787.00  6,923.00  1,787. | Account No. 5480-4200-2212-8712                |    |          | Credit card purchases             | ] T      | T      |          | Γ         |                 |
| PO Box 17051 Baltimore, MD 21297-1051  Account No. 5720001386  Wells Fargo 300 Walnut St Des Moines, IA 50309  Merchandise  ### Collection account  ### Collection account  ### Collection account  ### Collection account  ### Andover, MA 01810    Collection account  |  | 1  |          |                                   |          | Ď      |          |           |                 |
| PO Box 17051 Baltimore, MD 21297-1051  Account No. 5720001386  Wells Fargo 300 Walnut St Des Moines, IA 50309  Merchandise  ### Collection account  ### Collection account  ### Collection account  ### Collection account  ### Andover, MA 01810    Collection account  | Union Plus Credit Card                         | l  |          |                                   |          |        |          | 1         |                 |
| Baltimore, MD 21297-1051   |  | l  | J        |                                   |          |        |          |           |                 |
| Account No. 5720001386  Merchandise  Merchandise  Merchandise  J J J J J J J J J J J J J J J J J J   |  | l  |          |                                   |          |        | ı        |           |                 |
| Account No. 5720001386  Wells Fargo 800 Walnut St Des Moines, IA 50309  Merchandise  1,787.00  Account No. 0300-355-1219  WFNNB- American PO Box 659705 San Antonio, TX 78265-9705  Collection account  Zwicker & Associates 80 Minuteman Rd Andover, MA 01810  Sheet no. 8 of 8 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims  Control of this page) Total  | Buttimore, ind 21207 1001                      | l  |          |                                   |          |        |          |           |                 |
| Account No. 5720001386  Wells Fargo 800 Walnut St Des Moines, IA 50309  Merchandise  1,787.00  Account No. 0300-355-1219  WFNNB- American PO Box 659705 San Antonio, TX 78265-9705  Collection account  Zwicker & Associates 80 Minuteman Rd Andover, MA 01810  Sheet no. 8 of 8 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims  Control of this page) Total  |  | l  |          |                                   |          |        |          |           | C 000 00        |
| Vells Fargo 800 Walnut St   Des Moines, IA 50309   |  | l  |          |                                   |          |        |          |           | 0,923.00        |
| Vells Fargo 800 Walnut St   Des Moines, IA 50309   | Account No. 5720001386                         |    |          | Merchandise                       | Т        |        |          | T         |                 |
| BOD Walnut St Des Moines, IA 50309  Account No. 0300-355-1219  WFNNB- American PO Box 659705 San Antonio, TX 78265-9705  Account No. 3197784  Zwicker & Associates 80 Minuteman Rd Andover, MA 01810  Collection account  Sheet no. 8 of 8 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims  Total  1,787.00  1,787 |  | 1  |          |                                   |          |        |          |           |                 |
| BOD Walnut St Des Moines, IA 50309  Account No. 0300-355-1219  WFNNB- American PO Box 659705 San Antonio, TX 78265-9705  Account No. 3197784  Zwicker & Associates 80 Minuteman Rd Andover, MA 01810  Collection account  Sheet no. 8 of 8 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims  Total  1,787.00  1,787 | Wells Fargo                                    | l  |          |                                   |          |        |          |           |                 |
| Des Moines, IA 50309  Account No. 0300-355-1219  WFNNB- American PO Box 659705  San Antonio, TX 78265-9705  Collection account  Zwicker & Associates 80 Minuteman Rd Andover, MA 01810  Sheet no. 8 of 8 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims  Total  1,787.00  |  | l  | L        |                                   |          |        |          |           |                 |
| Account No. 0300-355-1219  WFNNB- American PO Box 659705 San Antonio, TX 78265-9705  Account No. 3197784  Zwicker & Associates 80 Minuteman Rd Andover, MA 01810  Sheet no. 8 of 8 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims  Total  1,787.00  1 |  | l  | ľ        |                                   |          |        |          |           |                 |
| Account No. 0300-355-1219  WFNNB- American PO Box 659705 San Antonio, TX 78265-9705  Account No. 3197784 Zwicker & Associates 80 Minuteman Rd Andover, MA 01810  Sheet no. 8 of 8 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims  Total  Merchandise  2,209.00  Collection account  Subtotal (Total of this page) Total   | Des Moines, IA 50309                           | l  |          |                                   |          |        |          |           |                 |
| Account No. 0300-355-1219  WFNNB- American PO Box 659705 San Antonio, TX 78265-9705  Account No. 3197784 Zwicker & Associates 80 Minuteman Rd Andover, MA 01810  Sheet no. 8 of 8 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims  Total  Merchandise  2,209.00  Collection account  Subtotal (Total of this page) Total   |  | l  |          |                                   |          |        |          |           |                 |
| WFNNB- American PO Box 659705 San Antonio, TX 78265-9705  Account No. 3197784  Zwicker & Associates 80 Minuteman Rd Andover, MA 01810  Sheet no. 8 of 8 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims  Total  J Collection account  Subtotal (Total of this page) Total  |  | l  |          |                                   |          |        |          |           | 1,787.00        |
| WFNNB- American PO Box 659705 San Antonio, TX 78265-9705  Account No. 3197784  Zwicker & Associates 80 Minuteman Rd Andover, MA 01810  Sheet no. 8 of 8 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims  Total  J Collection account  Subtotal (Total of this page) Total  | Account No. 0300-355-1219                      | T  | T        | Merchandise                       | 十        | t      | t        | †         |                 |
| PO Box 659705 San Antonio, TX 78265-9705  Account No. 3197784  Zwicker & Associates 80 Minuteman Rd Andover, MA 01810  Sheet no. 8 of 8 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims  Total  Collection account  Sheet no. 8 of 8 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims  Total  | 11000 and 110.                                 | ł  |          | The originals                     |          |        |          |           |                 |
| PO Box 659705 San Antonio, TX 78265-9705  Account No. 3197784  Zwicker & Associates 80 Minuteman Rd Andover, MA 01810  Sheet no. 8 of 8 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims  Total  Collection account  Sheet no. 8 of 8 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims  Total  | WENNE American                                 | l  |          |                                   |          |        |          |           |                 |
| San Antonio, TX 78265-9705  Account No. 3197784  Zwicker & Associates 80 Minuteman Rd Andover, MA 01810  Sheet no. 8 of 8 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims  Creditors Holding Unsecured Nonpriority Claims  Collection account  Collection account  Subtotal (Total of this page) Total   |  | l  | l.       |                                   |          |        |          |           |                 |
| Account No. 3197784  Zwicker & Associates 80 Minuteman Rd Andover, MA 01810  Account No.  Sheet no. 8 of 8 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims  Collection account  Substituting Substitution Substituting Substit |  | l  |          |                                   |          |        |          |           |                 |
| Account No. 3197784  Zwicker & Associates 80 Minuteman Rd Andover, MA 01810  Account No.  Sheet no. 8 of 8 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims  Collection account  Subtotal (Total of this page) Total  | San Antonio, 1X 78265-9705                     | l  |          |                                   |          |        |          |           |                 |
| Account No. 3197784  Zwicker & Associates 80 Minuteman Rd Andover, MA 01810  Account No.  Sheet no. 8 of 8 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims  Collection account  Subtotal (Total of this page) Total  |  | l  |          |                                   |          |        |          |           |                 |
| Zwicker & Associates 80 Minuteman Rd Andover, MA 01810  O.00  Account No.  Sheet no. 8 of 8 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims  Total   |  | l  |          |                                   |          |        |          |           | 2,209.00        |
| Zwicker & Associates 80 Minuteman Rd Andover, MA 01810  O.00  Account No.  Sheet no. 8 of 8 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims  Total   | Account No. 3197784                            | t  | t        | Collection account                | +        | T      | t        | +         |                 |
| 80 Minuteman Rd Andover, MA 01810  O.00  Account No.  Sheet no. 8 of 8 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims  Total  | Account No. 5157764                            | ł  |          |                                   |          |        |          |           |                 |
| 80 Minuteman Rd Andover, MA 01810  O.00  Account No.  Sheet no. 8 of 8 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims  Total  | Zwiekow 9 Accesietos                           | l  |          |                                   |          |        |          |           |                 |
| Andover, MA 01810  Account No.  Sheet no. 8 of 8 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims  Total  |  | l  | ١.       |                                   |          |        |          |           |                 |
| Account No.  Sheet no. 8 of 8 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims  Total  O.00  10,919.00  |  | l  | ١,       |                                   |          |        |          |           |                 |
| Account No.  Sheet no. 8 of 8 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims  Total   | Andover, MA 01810                              | l  |          |                                   |          |        |          |           |                 |
| Account No.  Sheet no. 8 of 8 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims  Total   |  | l  |          |                                   |          |        |          |           |                 |
| Sheet no. 8 of 8 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims  Sheet no. 8 (Total of this page)  Total  |  | l  |          |                                   |          |        |          |           | 0.00            |
| Sheet no. 8 of 8 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims  Sheet no. 8 (Total of this page)  Total  | Account No.                                    | t  | $\vdash$ |                                   | +        | t      | t        | +         |                 |
| Creditors Holding Unsecured Nonpriority Claims (Total of this page) Total  | Tiecount 110.                                  | 1  | 1        |                                   |          |        |          |           |                 |
| Creditors Holding Unsecured Nonpriority Claims (Total of this page) Total  |  | l  |          |                                   |          |        |          |           |                 |
| Creditors Holding Unsecured Nonpriority Claims (Total of this page) Total  |  | l  |          |                                   |          |        |          |           |                 |
| Creditors Holding Unsecured Nonpriority Claims (Total of this page) Total  |  | l  |          |                                   |          |        |          |           |                 |
| Creditors Holding Unsecured Nonpriority Claims (Total of this page) Total  |  | l  |          |                                   |          |        |          |           |                 |
| Creditors Holding Unsecured Nonpriority Claims (Total of this page) Total  |  | 1  | 1        |                                   |          |        |          |           |                 |
| Creditors Holding Unsecured Nonpriority Claims (Total of this page) Total  |  |    |          |                                   |          |        |          |           |                 |
| Creditors Holding Unsecured Nonpriority Claims (Total of this page) Total  | Shoot no O of O shoots attached to Sahadula of | _  | _        |                                   | <br>C11- | tota   | 1        | $\dagger$ |                 |
| Creditors Holding Unsecured Nonpriority Claims (Total of this page)  Total   |  |    |          |                                   |          |        |          |           | 10,919.00       |
|  | Creditors Holding Unsecured Nonpriority Claims |    |          | (Total of                         | nıs      | pag    | ge)      | <u> </u>  | , · · ·         |
|  |  |    |          |                                   | 7        | Γota   | al       |           |                 |
|  |  |    |          | (Report on Summary of Se          |          |        |          |           | 57,569.00       |

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B6G (Official Form 6G) (12/07)

| In re | Curtis A Miles, | Case No. |
|-------|-----------------|----------|
|       | Darla M Miles   |          |

Debtors

### SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract. Case 09-70990 Doc 1 Filed 03/18/09 Entered 03/18/09 09:43:46 Desc Main Document Page 27 of 50

B6H (Official Form 6H) (12/07)

| In re | Curtis A Miles, | Case No. |
|-------|-----------------|----------|
|       | Darla M Miles   |          |

Debtors

### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

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B6I (Official Form 6I) (12/07)

|       | Curtis A Miles |           |              |   |
|-------|----------------|-----------|--------------|---|
| In re | Darla M Miles  |           | Case No.     |   |
|       |                | Debtor(s) | <del>_</del> | _ |

### SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

| Debtor's Marital Status:                      | DEPENDENTS O  | OF DEBTOR AND SPOU                  | JSE      |            |                 |
|---|---|-------------------------------------|----------|------------|-----------------|
| Married Married                               | RELATIONSHIP(S):  Daughter  Daughter                              | AGE(S):<br>14<br>9                  |          |            |                 |
| <b>Employment:</b>                            | DEBTOR  |                                     | SPOUSE   |            |                 |
| Occupation                                    | Plasterer   | Respiratory The                     | rapist   |            |                 |
| Name of Employer                              | Executive Plastering (laid off)                                   | Van Matre Healt                     |          |            |                 |
| How long employed                             | 4 Months  | 6 Years                             |          |            |                 |
| Address of Employer                           | 8719 Indigo Lane<br>Machesney Park, IL 61115                      | 950 S Mulford R<br>Rockford, IL 611 |          |            |                 |
| INCOME: (Estimate of                          | average or projected monthly income at time case filed)           | D                                   | EBTOR    |            | SPOUSE          |
| 1. Monthly gross wages,                       | salary, and commissions (Prorate if not paid monthly)             | \$                                  | 0.00     | \$         | 3,362.56        |
| 2. Estimate monthly over                      | rtime   | \$                                  | 0.00     | \$         | 0.00            |
| 3. SUBTOTAL                                   |   | \$                                  | 0.00     | \$         | 3,362.56        |
| 4. LESS PAYROLL DEI                           |   | ф.                                  | 0.00     | ф          | 040 72          |
| a. Payroll taxes and                          | social security   | \$                                  | 0.00     | ş —        | 818.72<br>45.00 |
| b. Insurance                                  |   | ф —                                 | 0.00     | » —        | 0.00            |
| c. Union dues                                 | 401K  | , <u> </u>                          | 0.00     | \$ —       | 134.51          |
| d. Other (Specify):                           | 401K Loan   | \$<br>\$                            | 0.00     | \$ <u></u> | 113.12          |
| 5. SUBTOTAL OF PAY                            | ROLL DEDUCTIONS   | \$                                  | 0.00     | \$         | 1,111.35        |
| 6. TOTAL NET MONTH                            | ILY TAKE HOME PAY   | \$                                  | 0.00     | \$         | 2,251.21        |
| 7. Regular income from                        | operation of business or profession or farm (Attach detailed stat | ement) \$                           | 0.00     | \$         | 0.00            |
| 8. Income from real prop                      |   | \$                                  | 0.00     | \$         | 0.00            |
| 9. Interest and dividends                     |   | \$                                  | 0.00     | \$         | 0.00            |
| dependents listed al                          |   | e or that of                        | 620.00   | \$         | 0.00            |
| 11. Social security or gov (Specify):         | vernment assistance   | \$                                  | 0.00     | \$         | 0.00            |
|   |   | \$                                  | 0.00     | \$         | 0.00            |
| 12. Pension or retiremen                      |   | \$                                  | 0.00     | \$         | 0.00            |
| 13. Other monthly incom (Specify): <b>Une</b> | mployment   | ¢                                   | 1,692.00 | \$         | 0.00            |
| (Specify).                                    | mpioyment   | \$                                  | 0.00     | \$         | 0.00            |
| 14. SUBTOTAL OF LIN                           | ES 7 THROUGH 13   | \$                                  | 2,312.00 | \$         | 0.00            |
| 15. AVERAGE MONTH                             | ILY INCOME (Add amounts shown on lines 6 and 14)                  | \$                                  | 2,312.00 | \$         | 2,251.21        |
| 16. COMBINED AVERA                            | AGE MONTHLY INCOME: (Combine column totals from line              | 15)                                 | \$       | 4,563.     | 21              |

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

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B6J (Official Form 6J) (12/07)

| In re | Curtis A Miles<br>Darla M Miles |           | Case No. |  |
|-------|---------------------------------|-----------|----------|--|
|       |                                 | Debtor(s) | _        |  |

### SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time

| case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or                              | ly rate. The  |                 |
|--|---------------|-----------------|
| ☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Compexpenditures labeled "Spouse."   | plete a separ | ate schedule of |
| 1. Rent or home mortgage payment (include lot rented for mobile home)  | \$            | 1,791.00        |
| a. Are real estate taxes included? Yes X No  | · <del></del> |                 |
| b. Is property insurance included? Yes X No No   |               |                 |
| 2. Utilities: a. Electricity and heating fuel  | \$            | 250.00          |
| b. Water and sewer   | \$            | 80.00           |
| c. Telephone   | \$            | 150.00          |
| d. Other Cable   | \$            | 90.00           |
| 3. Home maintenance (repairs and upkeep)   | \$            | 50.00           |
| 4. Food  | \$            | 600.00          |
| 5. Clothing  | \$            | 100.00          |
| 6. Laundry and dry cleaning  | \$            | 0.00            |
| 7. Medical and dental expenses   | \$            | 100.00          |
| 8. Transportation (not including car payments)   | \$            | 200.00          |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc.  | \$            | 100.00          |
| 10. Charitable contributions   | \$            | 0.00            |
| 11. Insurance (not deducted from wages or included in home mortgage payments)  |               |                 |
| a. Homeowner's or renter's   | \$            | 0.00            |
| b. Life  | \$            | 0.00            |
| c. Health  | \$            | 0.00            |
| d. Auto  | \$            | 120.00          |
| e. Other   | \$            | 0.00            |
| 12. Taxes (not deducted from wages or included in home mortgage payments)  |               |                 |
| (Specify)  | \$            | 0.00            |
| 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)   |               |                 |
| a. Auto  | \$            | 834.00          |
| b. Other   | \$            | 0.00            |
| c. Other   | \$            | 0.00            |
| 14. Alimony, maintenance, and support paid to others   | \$            | 0.00            |
| 15. Payments for support of additional dependents not living at your home  | \$            | 0.00            |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)   | \$            | 0.00            |
| 17. Other  | \$            | 0.00            |
| Other  | \$            | 0.00            |
| 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules  | \$            | 4,465.00        |
| and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: |               |                 |
| 20. STATEMENT OF MONTHLY NET INCOME  | _             | - <del>-</del>  |
| a. Average monthly income from Line 15 of Schedule I   | \$            | 4,563.21        |
| b. Average monthly expenses from Line 18 above   | \$            | 4,465.00        |
| c. Monthly net income (a. minus b.)  | \$            | 98.21           |

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B6 Declaration (Official Form 6 - Declaration). (12/07)

## **United States Bankruptcy Court**Northern District of Illinois

| In re | Curtis A Miles<br>Darla M Miles |           | Case No. |   |
|-------|---------------------------------|-----------|----------|---|
|       |                                 | Debtor(s) | Chapter  | 7 |
|       |                                 | . ,       | •        |   |
|       |                                 |           |          |   |
|       |                                 |           |          |   |

### **DECLARATION CONCERNING DEBTOR'S SCHEDULES**

### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

|      |                |           | ead the foregoing summary and schedules, consisting of best of my knowledge, information, and belief. |
|------|----------------|-----------|---|
| Date | March 18, 2009 | Signature | /s/ Curtis A Miles Curtis A Miles Debtor  |
| Date | March 18, 2009 | Signature | /s/ Darla M Miles Darla M Miles Joint Debtor  |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

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B7 (Official Form 7) (12/07)

### **United States Bankruptcy Court Northern District of Illinois**

| In re | Curtis A Miles<br>Darla M Miles |           | Case No. |   |
|-------|---------------------------------|-----------|----------|---|
|       |                                 | Debtor(s) | Chapter  | 7 |

### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

### 1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$61,303.00 2008: Both Employment Income \$70,558.00 2007: Both Employment Income

\$8,037,00 2009 YTD: Joint Dbt Employment Income

### 2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$2,961.00 2009 YTD: Husband Unemployment \$12,722.00 2008: Husband Unemployment \$8,003.00 2007: Husband Unemployment

### 3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts*. List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR Litton Loan (1st mortgage) PO Box 4387 Houston, TX 77210 | DATES OF<br>PAYMENTS<br>01/01/09<br>02/01/09<br>03/01/09 | AMOUNT PAID<br><b>\$3,324.00</b> | AMOUNT STILL<br>OWING<br>\$112,700.00 |
|---|--|----------------------------------|---------------------------------------|
| Homecomings Financial (2nd mortgage)<br>PO Box 890036<br>Dallas, TX 75389             | 01/01/09<br>02/01/09<br>03/01/09                         | \$2,049.00                       | \$65,977.00                           |
| Amcore Bank (auto Ioan)<br>501 7th Street<br>Rockford, IL 61104                       | 01/01/09<br>02/01/09<br>03/01/09                         | \$972.00                         | \$12,338.00                           |
| Amcore Bank (auto Ioan<br>501 7th Street<br>Rockford, IL 61104                        | 01/01/09<br>02/01/09<br>03/01/09                         | \$1,530.00                       | \$27,873.00                           |

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

|                              |           | AMOUNT    |              |
|------------------------------|-----------|-----------|--------------|
|                              | DATES OF  | PAID OR   |              |
|                              | PAYMENTS/ | VALUE OF  | AMOUNT STILL |
| NAME AND ADDRESS OF CREDITOR | TRANSFERS | TRANSFERS | OWING        |

None

c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR AND |                 |             | AMOUNT STILL |
|----------------------------------|-----------------|-------------|--------------|
| RELATIONSHIP TO DEBTOR           | DATE OF PAYMENT | AMOUNT PAID | OWING        |

### 4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT COURT OR AGENCY STATUS OR AND CASE NUMBER NATURE OF PROCEEDING AND LOCATION DISPOSITION

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED DATE OF SEIZURE DESCRIPTION AND VALUE OF PROPERTY

### 5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DATE OF REPOSSESSION,

NAME AND ADDRESS OF FORECLOSURE SALE, DESCRIPTION AND VALUE OF

CREDITOR OR SELLER TRANSFER OR RETURN PROPERTY

### 6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DATE OF
NAME AND ADDRESS OF ASSIGNEE ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

DESCRIPTION AND VALUE OF

None b

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DATE OF

NAME AND ADDRESS NAME AND ADDRESS OF COURT

OF CUSTODIAN CASE TITLE & NUMBER ORDER PROPERTY

7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF RELATIONSHIP TO DESCRIPTION AND PERSON OR ORGANIZATION DEBTOR, IF ANY DATE OF GIFT VALUE OF GIFT

3

### 8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

### 9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE DENNIS L LEAHY ONE COURT PLACE SUITE 203 ROCKFORD, IL 61101 DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR January 27, 2008 AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY
\$1,300.00

### 10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED
AND VALUE RECEIVED

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY

### 11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION OSF St. Anthony Medical Center C.U. 5666 E. State St

Rockford, IL 61108-2472

Alpine Bank 1700 N. Alpine Rd. Rockford, IL 61107 TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE Savings account

final balance \$150.00

Checking account Final balance \$39.00

AMOUNT AND DATE OF SALE OR CLOSING

Final balance \$150.00 Closed August 2008

Final balance \$39.00 Closed October 2008

### 12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS

DATE OF TRANSFER OR SURRENDER, IF ANY

5

### 13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

### 14. Property held for another person

None Lis

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

### 15. Prior address of debtor

None

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

### 16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

### NAME

### 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

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None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

NAME AND ADDRESS OF DATE OF **ENVIRONMENTAL** SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous

Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NAME AND ADDRESS OF DATE OF **ENVIRONMENTAL** 

SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which

the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

**BEGINNING AND** 

### 18. Nature, location and name of business

None

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

> LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO.

NAME (ITIN)/ COMPLETE EIN ADDRESS NATURE OF BUSINESS **ENDING DATES** 

None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME **ADDRESS** 

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

### 19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS DATES SERVICES RENDERED Case 09-70990 Doc 1 Filed 03/18/09 Entered 03/18/09 09:43:46 Desc Main Document Page 37 of 50

J

None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME ADDRESS DATES SERVICES RENDERED

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME ADDRESS

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS DATE ISSUED

20. Inventories

None

None a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY

DOLLAR AMOUNT OF INVENTORY
DATE OF INVENTORY INVENTORY SUPERVISOR (Specify cost, market or other basis)

None b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY RECORDS

21. Current Partners, Officers, Directors and Shareholders

None a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS NATURE OF INTEREST PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NATURE AND PERCENTAGE
NAME AND ADDRESS
TITLE
NATURE AND PERCENTAGE
OF STOCK OWNERSHIP

 ${\bf 22}$  . Former partners, officers, directors and shareholders

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME ADDRESS DATE OF WITHDRAWAL

None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS TITLE DATE OF TERMINATION

7

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### 23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY 8

#### 24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

#### 25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

#### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

| Date | March 18, 2009 | Signature | /s/ Curtis A Miles       |  |
|------|----------------|-----------|--------------------------|--|
|      |                |           | Curtis A Miles<br>Debtor |  |
| Date | March 18, 2009 | Signature | /s/ Darla M Miles        |  |
|      |                |           | Darla M Miles            |  |
|      |                |           | Joint Debtor             |  |

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

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B8 (Form 8) (12/08)

### **United States Bankruptcy Court** Northern District of Illinois

|       | Curtis A Miles |           |          |   |
|-------|----------------|-----------|----------|---|
| In re | Darla M Miles  |           | Case No. |   |
|       |                | Debtor(s) | Chapter  | 7 |

### CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

**PART A -** Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

|   | •  |
|---|--|
| Property No. 1  |  |
| Creditor's Name:<br>Amcore Bank   | Describe Property Securing Debt:<br>2005 Chevy Malibu<br>60,000 miles  |
| Property will be (check one):   | ·  |
| ☐ Surrendered ■ Retain  | ned  |
| If retaining the property, I intend to (check at least one):  ☐ Redeem the property  ☐ Reaffirm the debt ☐ Other. Explain (for exam | aple, avoid lien using 11 U.S.C. § 522(f)).                            |
| Property is (check one):  |  |
| ■ Claimed as Exempt   | ☐ Not claimed as exempt  |
| Property No. 2  |  |
| Creditor's Name:<br>Amcore Bank   | Describe Property Securing Debt:<br>2008 Chevy Equinox<br>13,000 miles |
| Property will be (check one):   |  |
| ☐ Surrendered ■ Retain  | ned  |
| If retaining the property, I intend to (check at least one):  ☐ Redeem the property  ☐ Reaffirm the debt ☐ Other. Explain (for exam | pple, avoid lien using 11 U.S.C. § 522(f)).                            |
| Property is (check one):  |  |
| ■ Claimed as Exempt   | ☐ Not claimed as exempt  |

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| B8 (Form 8) (12/08)  |                          | _   | Page 2   |  |
|--|--------------------------|---|--|--|
| Property No. 3   |                          |   |  |  |
| Creditor's Name:<br>Homecomings Financial  |                          | Describe Property Securing Debt:<br>1996 Sunrise Drive<br>Rockton, IL |  |  |
| Property will be (check one):  ☐ Surrendered   | ■ Retained               |   |  |  |
| If retaining the property, I intend to (check ☐ Redeem the property ☐ Reaffirm the debt ☐ Other. Explain | at least one):           | void lien using 11 U.S.   | .C. § 522(f)).   |  |
| Property is (check one):   |                          |   |  |  |
| ■ Claimed as Exempt  |                          | ☐ Not claimed as exe  | mpt  |  |
| Property No. 4   |                          |   |  |  |
| Creditor's Name:<br>Litton Loan  |                          | Describe Property Securing Debt:<br>1996 Sunrise Drive<br>Rockton, IL |  |  |
| Property will be (check one):  ☐ Surrendered   | ■ Retained               |   |  |  |
| If retaining the property, I intend to (check ☐ Redeem the property ☐ Reaffirm the debt ☐ Other. Explain |                          | void lien using 11 U.S.   | .C. § 522(f)).   |  |
| Property is (check one):  ■ Claimed as Exempt  |                          | ☐ Not claimed as exe  | empt   |  |
| PART B - Personal property subject to unex<br>Attach additional pages if necessary.)                     | pired leases. (All three | e columns of Part B mu  | ist be completed for each unexpired lease.                           |  |
| Property No. 1   | l                        |   |  |  |
| Lessor's Name:<br>-NONE-   | Describe Leased Pro      | operty:   | Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2):  ☐ YES ☐ NO |  |

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Page 3

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

| Date | March 18, 2009 | Signature | /s/ Curtis A Miles Curtis A Miles Debtor       |  |
|------|----------------|-----------|--|--|
| Date | March 18, 2009 | Signature | /s/ Darla M Miles  Darla M Miles  Joint Debtor |  |

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# Document Page 42 of 50 United States Bankruptcy Court Northern District of Illinois

| In   | re       | Curtis A Miles<br>Darla M Miles  |   |   |   |   | Cas  | se No.                            |  |    |
|------|----------|--|---|---|---|---|--|-----------------------------------|--|----|
| 111  |          | Daria William  |   |   |   | Debtor(s)   |  | apter                             | 7  |    |
|      |          | DIS  | CLO   | OSURE OF (  | COMPENSA  | ATION OF ATI  | ORNEY FO   | R DI                              | EBTOR(S)   |    |
| 1.   | con      | npensation paid to   | o me  | within one year be  | efore the filing o  |   | uptcy, or agreed to                                    | be pai                            | the above-named debtor and d to me, for services rendered follows:   |    |
|      |          | For legal servic   | es, I h   | nave agreed to acc  | ept   |   | \$ <u></u>   |                                   | 1,300.00   |    |
|      |          | Prior to the filir   | ng of t   | this statement I ha   | ave received  |   | \$   |                                   | 1,300.00   |    |
|      |          | Balance Due  |   |   |   |   | \$   |                                   | 0.00   |    |
| 2.   | The      | e source of the co   | mpens   | sation paid to me   | was:  |   |  |                                   |  |    |
|      |          | Debtor   |   | Other (specify):  |   |   |  |                                   |  |    |
| 3.   | The      | e source of compe  | nsatio  | on to be paid to m  | ne is:  |   |  |                                   |  |    |
|      |          | Debtor   |   | Other (specify):  |   |   |  |                                   |  |    |
| 4.   |          | I have not agreed firm.  | l to sl   | nare the above-dis  | sclosed compens   | ation with any other pe   | erson unless they a                                    | ire mei                           | nbers and associates of my law   | r  |
|      |          |  |   |   |   | n with a person or person of the people sharing   |  |                                   | rs or associates of my law firm.   | Α  |
| 5.   | In       | return for the abo   | ve-dis  | sclosed fee, I have   | e agreed to rende   | er legal service for all a  | spects of the bank                                     | cruptcy                           | case, including:   |    |
|      | b.<br>c. | Preparation and f<br>Representation of<br>[Other provisions<br>Negotiation<br>reaffirmat | iling of the constant as new means were constant as new means were constant as new means as new | of any petition, so<br>debtor at the meet<br>eeded]<br>vith secured cre | chedules, stateme<br>ing of creditors a<br>editors to reduced<br>applications | ent of affairs and plan<br>and confirmation heari<br>uce to market value<br>as needed; prepar | which may be required and any adjoute; exemption plant | uired;<br>rned he<br><b>annin</b> | o file a petition in bankruptcy;<br>earings thereof;<br>g; preparation and filing o<br>otions pursuant to 11 USC | f  |
| 5.   | Ву       | Represent  | tatio   | btor(s), the above<br>n of the debtors<br>dversary proce                | s in any disch  | pes not include the foll argeability actions,   | owing service:<br>judicial lien av                     | oidan                             | ces, relief from stay actio  | ns |
|      |          |  |   |   | C   | CERTIFICATION   |  |                                   |  |    |
| this |          | ertify that the fore<br>kruptcy proceeding   |   | is a complete sta   | tement of any ag  | greement or arrangeme   | nt for payment to                                      | me for                            | representation of the debtor(s)  | in |
| Dat  | ed:      | March 18, 200  | 9   |   |   | /s/ DENNIS L.   |  |                                   |  |    |
|      |          |  |   |   | _   | DENNIS L. LE  |  |                                   |  |    |
|      |          |  |   |   |   | DENNIS L LE<br>ONE COURT  | AHY<br>PLACE SUITE 2                                   | 203                               |  |    |
|      |          |  |   |   |   | ROCKFORD  |  |                                   |  |    |

815 964-5969 Fax: 815 964-9452

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days <u>before</u> the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

### <u>Chapter 7</u>: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total Fee \$299)

- 1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.
- 2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.
- 3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.
- 4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

### <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in

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installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

- 2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.
- 3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

### **Chapter 11:** Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

### **Chapter 12:** Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

### **Certificate of Attorney**

I hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

| DENNIS L. LEAHY                             | X /s/ DENNIS L. LEAHY               | March 18, 2009 |  |
|---|-------------------------------------|----------------|--|
| Printed Name of Attorney                    | Signature of Attorney               | Date           |  |
| Address:                                    |                                     |                |  |
| ONE COURT PLACE SUITE 203                   |                                     |                |  |
| ROCKFORD, IL 61101                          |                                     |                |  |
| 815 964-5969                                |                                     |                |  |
|   |                                     |                |  |
|   | Certificate of Debtor               |                |  |
| I (We), the debtor(s), affirm that I (we) h | nave received and read this notice. |                |  |
| Curtis A Miles                              |                                     |                |  |
| Darla M Miles                               | X /s/ Curtis A Miles                | March 18, 2009 |  |
| Printed Name(s) of Debtor(s)                | Signature of Debtor                 | Date           |  |
|   |                                     |                |  |
| Case No. (if known)                         | X /s/ Darla M Miles                 | March 18, 2009 |  |
|   | Signature of Joint Debtor (if any)  | Date           |  |

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### **United States Bankruptcy Court** Northern District of Illinois

| In re | Curtis A Miles<br>Darla M Miles        |   | Case No.          |                           |
|-------|--|---|-------------------|---------------------------|
|       |  | Debtor(s)                                     | Chapter           | 7                         |
|       | •                                      | VERIFICATION OF CREDITOR M                    | ATRIX             |                           |
|       |  | Number of                                     | Creditors:        | 47                        |
|       | The above-named Debtor(our) knowledge. | (s) hereby verifies that the list of creditor | ors is true and o | correct to the best of my |
| Date: | March 18, 2009                         | /s/ Curtis A Miles Curtis A Miles             |                   |                           |
|       |  | Signature of Debtor                           |                   |                           |
| Date: | March 18, 2009                         | /s/ Darla M Miles                             |                   |                           |
|       | ·                                      | Darla M Miles                                 |                   |                           |
|       |  | Signature of Debtor                           |                   |                           |

Accounts Receivable Management PO Box 129 Thorofare, NJ 08086-0129

Alliance One 4850 Street Rd Suite 300 Feasterville Trevose, PA 19053

Alpine Bank 1700 N. Alpine Rd. Rockford, IL 61107

Amcore Bank 501 7th Street Rockford, IL 61104

Amcore Bank 501 7th Street Rockford, IL 61104

American Express PO Box 297879 Fort Lauderdale, FL 33329-7879

American Profit Recovery 34405 W 12 Mile Rd Suite 379 Farmington, MI 48331-5608

Associated Collectors, Inc. PO Box 1039 Janesville, WI 53547-1039

Bass & Associates 3936 E Fort Lowell Rd. Suite 200 Tucson, AZ 85712-1083

Beloit Clinic 1905 Huebbe Pkwy Beloit, WI 53511

Beloit Memorial Hospital 1969 W. Hart Rd. Beloit, WI 53511 C.B. Accounts
PO BOx 5435
Carol Stream, IL 60197-5435

Capital One PO Box 5294 Carol Stream, IL 60197-5294

Capital One PO Box 5294 Carol Stream, IL 60197-5294

Cardmember Services PO Box 15153 Wilmington, DE 19886-5153

Citi Bank/DFS 12234 N IH 35 SB Bldg B Austin, TX 78753

Creditors Interchange PO Box 1335 Buffalo, NY 14240-1335

Creditors Protection PO Box 4115 Rockford, IL 61110-0615

Dell Financial PO Box 6403 Carol Stream, IL 60197-6403

Discover PO Box 30395 Salt Lake City, UT 84130-0395

Ear, Nose, & Throat 435 N. Mulford Rd. Suite 10 Rockford, IL 61107-5100

Encore Receivable Management PO Box 3330 Olathe, KS 66063

GC Services PO Box 46960 Saint Louis, MO 63146

Homecomings Financial PO Box 890036 Dallas, TX 75389

I.C. System, Inc.
PO Box 64887
Saint Paul, MN 55164-0887

Ikea
PO Box 530942
Atlanta, GA 30353-0942

JC Penney PO Box 960090 Orlando, FL 32896-0090

Kenneth M. Lutsch, D.D.S. 619 Harlem Rd Machesney Park, IL 61115

Kohls PO Box 2983 Milwaukee, WI 53201-2983

Leigh Ann Tackaberry M.A. 435 N. Mulford Rd Suite 10 Rockford, IL 61107

Litton Loan PO Box 4387 Houston, TX 77210

Menards PO Box 17602 Baltimore, MD 21297-1602

Meyer & Horning 3400 N. Rockton Ave Rockford, IL 61103 NCO Financial PO Box 15773 Wilmington, DE 19850

OSF Medical Group PO Box 802688 Chicago, IL 60680-2688

RMH Pathologists Ltd 6785 Weaver Rd. #D Rockford, IL 61114

Rockford Clinic Dept CH 10862 Palatine, IL 60055-0862

Rockford Health System PO Box 14125 Rockford, IL 61105-4125

Rockford Mercantile PO Box 5847 Rockford, IL 61125-0847

Rockford Radiology PO Box 5368 Rockford, IL 61125-0368

Sams Club PO Box 530942 Atlanta, GA 30353-0942

Scotts Lawn Service PO Box 742585 Cincinnati, OH 45274-2585

The Hearst Corporation PO Box 7186 Red Oak, IA 51591

Union Plus Credit Card PO Box 17051 Baltimore, MD 21297-1051 Wells Fargo 800 Walnut St Des Moines, IA 50309

WFNNB- American PO Box 659705 San Antonio, TX 78265-9705

Zwicker & Associates 80 Minuteman Rd Andover, MA 01810